	gency Report of: eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name County of Los Angeles Division, Department, or Region (If Applicable) Board of Supervisor, First District)		Date Stamp	California 802 Form 809
	Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail 213-974-4111 bgarcia@bos	.lacounty.go	ov	☐ Amendment (Must p	provide explanation in Part 3.) (Month, Day, Year)
2.	Function or Event Information Does the agency have a ticket policy? Event Description LA Phil Provide Title/Expla Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?	Yes No anation Yes No No No Yes No Yes	Date(s) 03	of Each Ticket/Pass \$ 4	
3.	Recipients • Use Section A to identify the agency's department or the A. Name of Agency, Department or Unit	unit. • Use Se Number of Ticket(s)/ Pass(es)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ual. • Use Section C to iden	
	Staff	2	Per ticket policy 5.3	(k)	
	B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the follow Other inal Role" or "Other" describe below:	ring:
			Ceremonial Role If checking "Ceremon	Other Initial Role" or "Other" describe below:	Income 🔲
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuan	t to the agency's policy
4.	Verification I Mayer read and understand FPPC Regulations 18944.1 and	118042 / hours	agified that the distribution and	forth above in its accordance.	ith the requirements
	/h /-) /	a Garcia Print Nai	Tick	et Administrator	04/15/2019 (Month, Day, Year)
	Comment:	N-W-		FPPC Toll-Free Helpline:	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California Q02
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)			j	
Barbara Garcia, Ticket Administrator			Amendment (Must pro	uido evolunation in Part 3 \
Area Code/Phone Number E-mail				vice explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.go	ΟV	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			99	.00
Does the agency have a ticket policy?	Yes⊠ No		of Each Ticket/Pass \$	
Event Description LA Phil Provide Title/Expl	anation	Date(s) 03	03 2019	
Ticket(s)/Pass(es) provided by agency?	Yes No	✓ If no: LA Phi		
Was ticket distribution made at the behest	No⊠ Yes	If yes:	Name of Sour	<i>æ</i>
of agency official?		you	Official's Name (La	st, First)
3. Recipients				
Use Section A to identify the agency's department or		ction B to identify an individ	ual. • Use Section C to identify	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to the agency's policy	
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:
		Ceremonial Role If checking "Ceremon	Other Other Other" describe below:	Income 🔲
		Ceremonial Role If checking "Ceremon	Other	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant to	o the agency's policy
4. Verification		11		
I have lead and understand FPPC Regulations 18944.1 and	d 18942. I have v	erified that the distribution set t	orth above, is in accordance with	the requirements.
Barbar	a Garcia	Ticke	et Administrator	04/15/2019
Signature of Agency Mead or Designee	Print Nar	ne	Tille	(Month, Day, Year)
Comment:				·

C	eremonial Role Events	s and Tic	ket/Pass	Distribution	ns		A Public Documer
1.	Agency Name					Date Stamp	California 802
	County of Los Angeles						1 Oilli
	Division, Department, or Regio	n (If Applicable	e)				For Official Use Only
	Board of Supervisor, First Dist	rict		2 - 100 - 1			
	Designated Agency Contact (N						
	Barbara Garcia, Ticket Administrator						
		E-mail				Amendment (Must pr	ovide explanation in Part 3.)
		ogarcia@bos	s.lacounty.go	ov		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	ation					
	Does the agency have a ticket	policy?	Yes⊠ No	☐ Face	Value o	of Each Ticket/Pass \$	68.00
	Event Description LA Phil			Date(03	,05 ,2019	
	Event Description	Provide Title/Exp	lanation	Date(
	Ticket(s)/Pass(es) provided by	agency?	Yes□ No	⊠ If no:	LA Phi		
		100				Name of Sou	Irce.
	Was ticket distribution made at of agency official?	the behest	No⊠ Yes	II If yes:	<u></u>	Official's Name (L	ast. First)
			,			Official's Ivallie (E	ast, i iistj
3.	Recipients			- N D 4 - 1.4 ME			16
	Use Section A to identify the agency's	s department or	Number of	To a financia de la compansión de la compa	a desired		Triple (Arthur San Fall For the San Fall For the San Fall Fall For the San
	A. Name of Agency, Departmen	t or Unit	Ticket(s)/ Pass(es)	Describe	the put	olic purpose made pursuant	to the agency's policy
	Staff		2	Per ticket poli	cy 5.3	(k)	
	R Name of Individual		Number of				
	B. Name of Individual		Ticket(s)/ Pass(es)			Identify one of the following	ng:
				Ceremor	ial Role	Other	Income
				If checking	"Ceremor	nial Role" or "Other" describe below:	
				Ceremor	ial Pala	Other _	Income
			1	E CONTRACTOR CONTRACTOR		nial Role" or "Other" describe below:	income [
	The second secon						
	C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Describe	the put	olic purpose made pursuant	to the agency's policy
				1			Marie Control
	11XX						
							and the same of th
A	Verification			<u> </u>			
٧.	I have read and understand FPPC Regula	tions 18 <u>944.1 an</u>	d 18942. I have v	verified that the distrib	uti <u>on set</u> i	forth above, is in accordance wit	h the requirements.
	Mit Will	Barba	ra Garcia		Ticke	et Administrator	04/15/2019
	Signature of Agency Head or Designee		Print Nar	me		Title	(Month, Day, Year)
	Comment:						
						FPPC Toll-Free Helpline: 8	FPPC Form 802 (4/1 866/ASK-FPPC (866/275-777

C	eremonial Role Events and Ticl	cet/Pass	Distributions		A Public Document	
1.	Agency Name			Date Stamp	California 802	
	County of Los Angeles				Form UUZ	
,	Division, Department, or Region (If Applicable)		For Official Use Only			
	Board of Supervisor, First District					
	Designated Agency Contact (Name, Title)					
	Barbara Garcia, Ticket Administrator					
	Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	213-974-4111 bgarcia@bos.	lacounty.go	οV	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information			11	68.00	
	Does the agency have a ticket policy?	Yes No		of Each Ticket/Pass \$	00.00	
	Event Description LA Phil		Date(s) 03	,05 ,2019		
	Provide Title/Expla	nation	LA Phi	1		
	Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LATTIII If no: LATTIII	Name of Sou	Irce	
	Was ticket distribution made at the behest	No⊠ Yes	If yes:			
	of agency official?	110-1103	u nyes.	Official's Name (L	ast, First)	
3.	Recipients					
	• Use Section A to identify the agency's department or a		ction B to identify an individ	ual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	Staff	2	Per ticket policy 5.3	(k)		
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
			Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income 🔲	
			Ceremonial Role	Other U	Income	
			II Checking Ceremor	ial Role" or "Other" describe below:		
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy	
	(include address and description)	Pass(es)				
			Committee (Committee Committee Commi			
4.	Verification _A		<u> </u>			
2.550	I have read and understand FPPC Regulations 18944.1 and	18942. I have v	erified that the distribution set i	orth above, is in accordance wit	h the requirements.	
		a Garcia	Ticke	et Administrator	04/15/2019	
	Signature of Agency Head or Designee	Print Nar	ne	Title	(Month, Day, Year)	
	Comment:					
	OOMINICITE.	The state of the s			EDDO E	

County of Los Angeles Division, Department, or Region (If Applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail 213-974-4111 bgarcia@bos.lacou			Date Stamp Amendment (Must pro	California 802 Form For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail 213-974-4111 bgarcia@bos.lacou				For Official Use Only
Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail 213-974-4111 bgarcia@bos.lacou				
Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Area Code/Phone Number 213-974-4111 bgarcia@bos.lacou				vide explanation in Part 3.)
Barbara Garcia, Ticket Administrator Area Code/Phone Number				vide explanation in Part 3.)
Area Code/Phone Number E-mail bgarcia@bos.lacou				vide explanation in Part 3.)
Area Code/Phone Number E-mail bgarcia@bos.lacou				ovide explanation in Part 3.)
			Date of Original Filing:	
	a 🗖			(Month, Day, Year)
2. Function or Event Information			16	58.00
Does the agency have a ticket policy? Yes	No	posterior recommendation of the second secon	f Each Ticket/Pass \$	0.00
Event Description LA Phil		Date(s) 03	,06 ,2019	
Provide Title/Explanation		LA Phil		
Ticket(s)/Pass(es) provided by agency? Yes	No⊠	If no:	Name of Sou	rce
Was ticket distribution made at the behest No⊠	Yes	lf vos:	William Commission of the Comm	
of agency official?	yes 🗀	If yes:	Official's Name (La	ast, First)
3. Recipients				
Use Section A to identify the agency's department or unit.	Use Section	n B to identify an individu	al. • Use Section C to identif	fy an outside organization.
A. Name of Agency, Department or Unit	ber of (et(s)/ (s(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy
Staff 2	D	er ticket policy 5.3 (L)	
Stall	PE	er ticket policy 5.5 (K)	
Nu.	ber of			
B. Name of Individual Tick	ket(s)/ ss(es)		Identify one of the following	ıg:
ras	55(45)	Ceremonial Role	Other 🔲	Income
		and the American State of the S	al Role" or "Other" describe below:	
		Ceremonial Role If checking "Ceremonial Company Ceremonial Company Ceremonial Company Ceremonial Company Ceremonial Company Ceremonial Company Ceremonial Ceremonia Ceremonia Ceremonia Ceremonia Ceremonia Ceremonia Ceremonia Ceremo	Other U	Income
C. Name of Outside Organization Tick	iber of ket(s)/ ss(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy
				The state of the s
4. Verification				
I have read and understand FPPC Regulations 18944.1 and 18942.				Towns of the latest of the lat
Barbara Gard	cia	Ticke	t Administrator	04/15/2019
Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)
Comment:				
Commone C				FPPC Form 802 (4/12 66/ASK-FPPC (866/275-7772

C	eremonial Role Events and Tic	:ket/Pass	Distributions		A Public Document
Ι.	Agency Name	Date Stamp	California 202		
	County of Los Angeles				Form 002
	Division, Department, or Region (If Applicable	e)			For Official Use Only
	Board of Supervisor, First District		Total State of the		
	Designated Agency Contact (Name, Title)]	
	Barbara Garcia, Ticket Administrator			Amendment (Must p	myide explanation in Part 3.)
	Area Code/Phone Number E-mail				
		s.lacounty.go	DV .	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information	[]	C Coop Value of	of Food Ticket/Door C	68.00
	Does the agency have a ticket policy?	Yes No		of Each Ticket/Pass \$ 4	
	Event Description LA Phil Provide Title/Exp	lanation	Date(s) 03	,00 ,2019	
	Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: LA Phi	1	
	ricket(3)/r ass(es) provided by agency :			Name of So	urce
	Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (Last First)
_			200 - 200 -	Official S Name (Last, I noty
3.	Recipients • Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	olic purpose made pursuant	
		Ticket(s)/ Pass(es)			
	Staff	2	Per ticket policy 5.3	(k)	
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	Ing
	(Last, First)	Pass(es)		Identity one of the follow	y.
			Ceremonial Role If checking "Ceremor	Other inial Role" or "Other" describe below:	Income
			Ceremonial Role	Other Inial Role" or "Other" describe below:	Income
			1		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
	(moduce address and description)	Pass(es)			
					20
1	Verification A		<u> </u>		
	I have read and understand FRPC Regulations 18944.1 an	nd 18942. I have v	erified that the distribution set i	forth above, is in accordance wi	th the requirements.
	Barba	ra Garcia	Ticke	et Administrator	04/15/2019
	Signature of Agency Head or Designee	Print Nar	пе	Tille	(Month, Day, Year)
	Comment:				
	Commone.			EDDC Tall Face 11 1	FPPC Form 802 (4/12)
				rero ioii-rree Helpline:	866/ASK-FPPC (866/275-7772)

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			Amendment (Must pro	L
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.ge	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			16	58.00
Does the agency have a ticket policy?	Yes⊠ No		of Each Ticket/Pass \$	
Event Description LA Phil		Date(s) 03	,07 ,2019	
Provide Title/Expla	anation	LA Phi	A solin A solit solve standard de come	A Second Community of the Community of t
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi	Name of Sour	rce
Was ticket distribution made at the behest	No⊠ Yes	If yes:		
of agency official?	140 = 163	u ii yes. L	Official's Name (La	ast, First)
3. Recipients				
Use Section A to identify the agency's department or it.	ınit. • Use Se	ction B to identify an individu	ual. • Use Section C to identif	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
stan	2	rer ticket policy 5:5		
B. Name of Individual	Number of			
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the followin	lg:
		Ceremonial Role	Other	Income
		if checking "Ceremon	ial Role" or "Other" describe below:	
		Ceremonial Role	L Other L ial Role" or "Other" describe below:	Income
C. Name of Outside Organization	Number of Ticket(s)/	Describe the nub	lic purpose made pursuant t	o the agency's policy
(include address and description)	Pass(es)			, and against of parist
			A STATE OF THE PARTY OF THE PAR	
				CONTRACTOR OF THE CONTRACTOR O
				<u> </u>
1. Verification				
I have read and understand FPPC Regulations 18944.1 and				
	a Garcia		et Administrator	04/15/2019
Sighature of Agency Head or Designee	Print Nar	ne	Title	(Month, Day, Year)
Comment:				

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
. Agency Name			Date Stamp	California 802
County of Los Angeles				Form 5 5 1
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator		and the second s		
Area Code/Phone Number E-mail		The second secon	Amendment (Must pro	vide explanation in Part 3.)
213-974-4111 bgarcia@bos	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information			00	.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$.00
Event Description LA Phil		Date(s) 03	,07 ,2019	<u> </u>
Provide Title/Exp.	lanation	LA Phi		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of Sour	ce
Was ticket distribution made at the behest	No⊠ Yes	IT If year		
of agency official?	140 E 162	If yes:	Official's Name (La	st, First)
Recipients				
Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an Individu	ual. • Use Section C to identif	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the followin	g
	Pass(es)	Ceremonial Role If checking "Ceremon	Other In all Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
			464	11.
Verification	d 18042 / b	adfied that the district of a	46 -6 1 1	
PPC Regulations 18944.1 and	d 18942. I have v ra Garcia			
Signature of Agency Head or Designee	Print Nar		t Administrator	04/15/2019
Syndrate of Agency Fred Of Designee	Print Nar	110	Tille	(Month, Day, Year)
Comment:				

Ceremonial Role Events and Tid	:ket/Pass	Distributions		A Public Document
. Agency Name			Date Stamp	California 802
County of Los Angeles	ounty of Los Angeles			Form For Official Use Only
Division, Department, or Region (If Applicable	Division, Department, or Region (If Applicable)			
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number E-mail		W. Colored St. Col		
213-974-4111 bgarcia@bo	s.lacounty.g	OV	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information	[2]	C Face Value o	of Each Ticket/Pass \$	168.00
Does the agency have a ticket policy?	Yes⊠ No		09 2019	
Event Description LA Phil Provide Title/Exp	lanation	Date(s) 03	,09 ,2019	<u> </u>
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: LA Phi	il	
			Name of So	ource
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name	(Last First)
			Official's Name	Lost, I listy
 Recipients Use Section A to identify the agency's department or 	unit a Use Se	ction B to identify an individu	ual • Use Section C to idea	ntify an outside organization
A. Name of Agency, Department or Unit	Number of	TERRORS TO THE V	olic purpose made pursuan	
7. Name of Agency, Department of Office	Ticket(s)/ Pass(es)	Describe are put	one purpose made parsuan	t to the agency a policy
Staff	2	Per ticket policy 5.3	(k)	Out - Control of the
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	dagi
(Lest, First)	Pass(es)		Identity one of the follow	ang:
		Ceremonial Role	Other	Income
		Ceremonial Role	Other United Role" or "Other" describe below:	Income
	1	I checking determine	na role of Other describe below.	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy
A CONTRACTOR OF THE PARTY OF TH				
. Verification			and the second s	
I have read and understand FPPC Regulations 18944.1 an				
I have read and understand FPPC Regulations 18944.1 an	ra Garcia	Ticke	et Administrator	04/15/2019
I have read and understand FPPC Regulations 18944.1 an		Ticke		

Ceremonial Role Ev	ents and Tic	ket/Pass	Distributions		A Public Document
. Agency Name				Date Stamp	California 802
County of Los Angeles	ounty of Los Angeles				Form OOL
Division, Department, or	Division, Department, or Region (If Applicable)				For Official Use Only
Board of Supervisor, First	District	and the second second	N. C.		
Designated Agency Cont					
Barbara Garcia, Ticket Ad	lministrator	***************************************		1	
Area Code/Phone Numbe				Amendment (Must	provide explanation in Part 3.)
213-974-4111	bgarcia@bos	s.lacounty.go	ν	Date of Original Filing	(Month, Day, Year)
. Function or Event In	formation				168.00
Does the agency have a t	icket policy?	Yes⊠ No	Face Value	of Each Ticket/Pass \$	100.00
Event Description LA Phi			Date(s) 03	,09 ,2019	
LVent Description	Provide Title/Exp.	lanation			
Ticket(s)/Pass(es) provide	ed by agency?	Yes No	✓ If no: LA Ph		
				Name of S	ource
Was ticket distribution ma of agency official?	de at the benest	No⊠ Yes	└ If yes:	Official's Name	(Last, First)
 Recipients Use Section A to identify the a 	gency's department or	unit. • Use Se	ction B to identify an Individ	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Depa	artment or Unit	Number of	Describe the pul	blic purpose made pursual	nt to the agency's policy
		Ticket(s)/ Pass(es)			
Staff			Per ticket policy 5.3	(L)	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Stail			ref ticket policy 5.5	(1)	
h					
		Number of			
B. Name of Indi		Ticket(s)/ Pass(es)		Identify one of the follow	wing:
			Ceremonial Role	Other	Income
			If checking "Ceremo	nial Role" or "Other" describe below	
					2
			Ceremonial Role If checking "Ceremo	Other or "Other" describe below	Income [
			-		
C. Name of Outside C		Number of Ticket(s)/	Describe the pu	blic purpose made pursua	nt to the agency's policy
(include address and	d description)	Pass(es)			
		1		erromania de comunicación de la comunicación de la	# - Mana - Mana-2004 (M. 18 ° 18 ° 18 ° 18 ° 18 ° 18 ° 18 ° 18
				Markette and the fact of the second second	the state of the s
. Verification					
I have read and understand FPPC	-			AND 24 MILE TO 2008 2 - 2 VIII	
My newy	~	ra Garcia		et Administrator	04/15/2019
Signature of Agency Head or De	signee	Print Nar	ne	Title	(Month, Day, Year)
Comment:					
Commond.				FPPC Toll-Free Helpline	FPPC Form 802 (4/1 : 866/ASK-FPPC (866/275-777
					, 404

	gency Report of: eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name County of Los Angeles Division, Department, or Region (If Applicable) Board of Supervisor, First District)		Date Stamp	California 802 For Official Use Only
	Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail 213-974-4111 bgarcia@bos.	lacounty.go	ov	Amendment (Must pro	ovide explanation in Part 3.) (Month, Day, Year)
2.	Event Description LA Phil Provide Title/Expla	Yes⊠ No anation Yes□ No No⊠ Yes	Date(s) O3 If no: LA Phi	of Each Ticket/Pass \$	
3.	Recipients • Use Section A to identify the agency's department or to A. Name of Agency, Department or Unit	unit. • Use Se Number of Ticket(s)/		ual. • Use Section C to ident	
	Staff	Pass(es)	Per ticket policy 5.3	(k)	
	B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the followi	ng:
			Ceremonial Role If checking "Ceremon	Other Initial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuant	to the agency's policy
4.	^	140042 (have		fadh abaya ia ir accardan	th the requirement.
	Have read and understand FFFC Regulations 18944.1 and Barbar Signature of Agency Head of Designee	a Garcia Print Na	Tick	et Administrator	04/15/2019 (Month, Day, Year)
	Comment:			FPPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 366/ASK-FPPC (866/275-7772)

C	eremonial Role Event	ts and Tic	ket/Pass	Distributions	3	A Public Document
1.	Agency Name				Date Stamp	California 802
	County of Los Angeles					I OIIII
	Division, Department, or Region (If Applicable)					For Official Use Only
	Board of Supervisor, First Dis	Board of Supervisor, First District				
	Designated Agency Contact (Designated Agency Contact (Name, Title)				
	Barbara Garcia, Ticket Admin	istrator				
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	213-974-4111	bgarcia@bos	.lacounty.go	ον	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Inform	nation			Demography	168.00
	Does the agency have a ticker	policy?	Yes⊠ No	Face Value	ue of Each Ticket/Pass \$	100.00
	Event Description LA Phil	A SECTION AND ADDRESS OF THE ADDRESS		Date(s)	3 ,10 ,2019	
		Provide Title/Expl	anation		Phil	
	Ticket(s)/Pass(es) provided by	agency?	Yes No	x If no:	Name of S	ource
	Was ticket distribution made a	t the behest	No⊠ Yes	If yes:		
	of agency official?		140-1162	u yes.L	Official's Name	(Last, First)
3.	Recipients					
	Use Section A to identify the agency	's department or		ction B to identify an ind	lividual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the	public purpose made pursuar	nt to the agency's policy
	Staff		2	Per ticket policy	5.3 (k)	And the second s
			#			
						-
	B. Name of Individua	1	Number of Ticket(s)/		Identify one of the follow	vlng:
			Pass(es)	Ceremonial R	cole Other	Income 🔲
				40 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A	remonial Role" or "Other" describe below	
			1			
				Ceremonial R	tole 🔲 Other 🖳 remonial Role" or "Other" describe below	Income
			1			
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the	public purpose made pursuar	nt to the agency's policy
		Too				
						- Mariana - Alia Maria da Maria
4.		J-11 402 14 4	140040 11	25-14-14		
	I have read and understand APPC Regu		d 18942. I have v ra Garcia		<i>set forth above, is in accordance v</i> icket Administrator	
	Signature of Agency Head or Designee				and the second was the second	04/15/2019
	Signature of Agency Head of Designee		Print Nar	116	Title	(Month, Day, Year)
	Comment:					
					FPPC Toll-Free Helpline:	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)

Ceremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable,)			For Official Use Only
Board of Supervisor, First District	400			
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
213-974-4111 bgarcia@bos	lacounty.go	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				168.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	f Each Ticket/Pass \$	100.00
Event Description LA Phil		Date(s) 03	,10 ,2019	
Provide Title/Expla	anation	Children state of the control of the		
Ticket(s)/Pass(es) provided by agency?	Yes No	✓ If no: LA Phi	Name of So	2,4500
W	[.]		Name of Sc	nu ce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name ((Last, First)
3. Recipients				
Use Section A to identify the agency's department or it.	ınit. • Use Se	ction B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ving:
(cast that)	Pass(es)	Occupantal Bala	Other	Income 🔲
		Ceremonial Role If checking "Ceremon	nial Role" or "Other" describe below:	
		<u> </u>	A FI	
		Ceremonial Role If checking "Ceremon	U Other U nial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
				The state of the s
4. Verification	JĮŁ.	ᆀᆫ		
I have read and understand FPPC Regulations 18944.1 and	18942. I have v	verified that the distribution set	forth above, is in accordance w	rith the requirements.
Barbar	a Garcia	Ticke	et Administrator	04/15/2019
. Signature of Agency Head or Designee	Print Na	me	Title	(Month, Day, Year)
Comment:	***************************************			FPPC Form 802 (4/12)
			FPPC Toll-Free Helpline:	866/ASK-FPPC (866/275-7772)

Ceremonial Role Ev	ents and Tic	ket/Pass	Distributions		A Public Document
. Agency Name				Date Stamp	California 802
County of Los Angeles					Form 002
Division, Department, or	Region (If Applicable	e)			For Official Use Only
Board of Supervisor, Firs					
Designated Agency Cont	act (Name,Title)				
Barbara Garcia, Ticket Ac				Amendment (Must p	rovide explanation in Part 3.)
Area Code/Phone Number 213-974-4111	bgarcia@bos	lacounty or		Date of Original Filing:	
2. Function or Event In		s.iacounty.gc	JV		(Month, Day, Year)
Does the agency have a		Yes⊠ No	☐ Face Value	of Each Ticket/Pass \$	68.00
Event Description LA Phi		1039 100	Date(s) 03		
Event Description L	Provide Title/Expl	anation	Committee of the Commit	Commence of the control of the contr	/
Ticket(s)/Pass(es) provide	ed by agency?	Yes No	☑ If no: LA P	Name of So	urco
Was ticket distribution ma	ide at the hehest	No⊠ Yes	[] If vo.		/
of agency official?		No 🗀 Tes	If yes:	Official's Name (L	ast, First)
. Recipients					
	gency's department or	unit. • Use Se	ction B to identify an indiv	idual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Dep	artment or Unit	Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuant	to the agency's policy
Staff		2	Per ticket policy 5.	3 (k)	
		1			
				and the same of th	
B. Name of Ind		Number of Ticket(s)/		Identify one of the follow	ng:
		Pass(es)	Ceremonial Role	Other	Income 🔲
200			2000-00000-0000-0000-0000-000-000	nonial Role" or "Other" describe below:	
		 	Ceremonial Role	e Other	Income
			If checking "Ceren	nonial Role" or "Other" describe below:	
C. Name of Outside O		Number of Ticket(s)/	Describe the p	ublic purpose made pursuant	to the agency's policy
(include address an	a description)	Pass(es)			
				AND THE STATE OF T	
l. Verification	James Alexander	<u> </u>	<u> </u>		
I fave read and understand FPPC					
Aux &		a Garcia		ket Administrator	04/15/2019
Signature of Agency Head or De	esignee	Print Nar	ne	Tille	(Month, Day, Year)
Comment:					
				FPPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles			**	Form OUZ
Division, Department, or Region (If Applicable	e)		1	For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			Amendment (Must pr	avide evalenties in Red 21
Area Code/Phone Number E-mail	w and was no			ovide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			114	58.00
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	56.00
Event Description LA Phil		Date(s) 03	,13 ,2019	
Provide Title/Exp		I A Phi	I	
Ticket(s)/Pass(es) provided by agency?	Yes No		Name of Sou	rce
Was ticket distribution made at the behest	No⊠ Yes	If yes:	0.65-1-11-11	-1.5:-0
of agency official?			Official's Name (L	dsi, Firsi)
 Recipients Use Section A to identify the agency's department or 	unit. • Use Se	ection B to identify an individ	ual. • Use Section C to identi	fv an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	1, 5 ° 5,444 ° 5,550 1 ° 1 ° 1 ° 1 ° 1 ° 1	olic purpose made pursuant i	
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role If checking "Ceremon	Other Other Other describe below:	Income
		Ceremonial Role If checking "Ceremon	Other Other Other describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuant (o the agency's policy
			·	
. Verification				
I Inverteed and understand FPPC Regulations 18944.1 and				
1100100	a Garcia	Ticke	et Administrator	04/15/2019
Signature of Agency Head or Designee	Print Na	me	Title	(Month, Day, Year)
Comment:				
Committee.				

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form 002
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisor, First District	n' can			
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amenament (Must pr	ovide explanation in Part 3.)
213-974-4111 bgarcia@bos	s.lacounty.go	OV	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			[14	58.00
Does the agency have a ticket policy?	Yes⊠ No		of Each Ticket/Pass \$	
Event Description LA Phil Provide Title/Expl	Inaction	Date(s) 03	,13 ,2019	
Ticket(s)/Pass(es) provided by agency?		I A Phi		
ricket(s)/r ass(es) provided by agency :	Yes No	<u> </u>	Name of Sou	ırce
Was ticket distribution made at the behest	No⊠ Yes	If yes:	05:11.11	15: 0
of agency official?			Official's Name (L	ast, First)
 Recipients Use Section A to identify the agency's department or 	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to identi	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role If checking "Ceremor	Other	Income 🗔
		Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
			м.	
4. Verification I have read/and understand IPPC Regulations 18944.1 and	d 18042 ! have	radical that the distribution and	forth above to in accompany	h the requirement-
	a 18942. I nave v ra Garcia		orth above, is in accordance with et Administrator	
Signature of Agency Head or Designee	Print Nar		Title	04/15/2019 (Month, Day, Year)
				(monus, Day, 1ear)
Comment:				

Comment:

Does the agency have a ticket policy? Event Description A Phil Provide Title-Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Was ticket distribution made at the behest of agency official? Recipients - Use Section A to Identify the agency's department or unit. - Use Section B to Identify an individual. A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es)	Ceremonial Role Events and Ti	cket/Pass	Distributions		A Public Document
County of Los Angeles Division, Department, or Region (if Applicable) Board of Supervisor, First District Designated Agency Contact (Name, Tritle) Barbara Gardia, Ticket Administrator Area Godd/Phone Number E-mail District Description F-mail Description F-mail Description F-mail Description F-mail Description F-mail Provide Title-Explaination Ticket(s)/Pass(es) provided by agency? Yes NoE If not APhil Name of Source Was ticket distribution made at the behest NoE Yes If yes: Official's Name (Last, Fina) - Name of Agency, Department or Unit Name of Ticket(s) B. Name of Individual Name of Course or Other Othe	1. Agency Name			Date Stamp	California 202
Board of Supervisor, First District Designated Agency Contact (Name, Filte)					FOIIII O
Designated Agency Contact (Name, Title)	Division, Department, or Region (If Application)	ble)			For Official Use Only
Barbara Garcia, Ticket Administrator Area Gode/Phone Number E-mail Date of Original Filings Date	Board of Supervisor, First District				
Area Code/Phone Number E-mail Date of Original Filing: (Month, Day, Year)	Designated Agency Contact (Name, Title)				
Date of Original Filing: Date (a) Date (a) Date (b) Date (a) Date (b) Date (b	Barbara Garcia, Ticket Administrator			Amendment (Must or	ovide evolunation in Part 3.1
2. Function or Event Information Does the agency have a ticket policy? Yes No Date(s) 168.00 Event Description A Phil Provide Title-Explanation Ticket(s)/Pass(es) provided by agency? Yes No Wasticket distribution made at the behest of agency official? 3. Recipients - Use Section A to identify the agency's department or unit Use Section B to identify an individual Use Section A to identify the agency's department or unit Use Section B to identify an individual Use Section C to Identify an outside organization. Number of Ticket(s)/ Pass(es) Staff 2. Per ticket policy 5.3 (k) B. Name of Individual - Number of Ticket(s)/ Pass(es) - Ceremonial Role Other Income Incom					ovide explanation in Part 3.)
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Date(s) Date(s	213-974-4111 bgarcia@b	os.lacounty.go	ΟV	Date of Original Filing: L	(Month, Day, Year)
Event Description LA Phil Provide Titled Explanation Ticket (s)/Pass (es) provided by agency? Yes No Face No Ticket (s)/Pass (es) provided by agency? Yes No If no: LA Phil Name of Saurca If yes: Official's Name (Last, First)	2. Function or Event Information			16	58.00
Ticket(s)/Pass(es) provided by agency? Yes No In not Name of Source Was ticket distribution made at the behest of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)	Does the agency have a ticket policy?	Yes⊠ No		of Each Ticket/Pass \$	
Ticket(s)/Pass(es) provided by agency? Yes No If no: Name of Agency official? Name of Agency official? Name of Agency official? Name of Agency official?	Event Description		Date(s) 03	,16 ,2019	
Was ticket distribution made at the behest of agency official? No Yes If yes:	Provide Title/Ex	xplanation		1	And the second s
3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy	Ticket(s)/Pass(es) provided by agency?	Yes No	× If no:		rce
3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy	Was ticket distribution made at the behest	No X Vac	□ If yes:		
Use Section A to identify the agency's department or unit. Number of A. Name of Agency, Department or Unit Number of Pass(es) Staff 2		NO Tes	u ii yes.	Official's Name (L	ast, First)
A. Name of Agency, Department or Unit Ticket(s) Describe the public purpose made pursuant to the agency's policy	3. Recipients • Use Section A to identify the agency's department	orunit. • Use Se	ction B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
B. Name of Individual (Leat, Pap) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income		Number of Ticket(s)/	to the second second to the second		
B. Name of Individual (List, Frax) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other describe below. C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy If the public purpose made pursuant to the agency's policy If the public purpose made pursuant to the agency's policy If the public purpose made pursuant to the agency's policy If the public purpose made pursuant to the agency's policy If the public purpose made pursuant to the agency's policy If the public purpose made pursuant to the agency's policy If the public purpose made pursuant to the agency's policy If the public purpose made pursuant to the agency's policy If the public purpose made pursuant to the agency's policy If the public purpose made pursuant to the agency's policy If the public purpose made pursuant to the agency's policy If the public purpose made pursuant to the agency's policy If the public purpose made pursuant to the agency's policy If the public purpose made pursuant to the agency's policy If the public purpose made pursuant to the agency's policy If the public purpose made pursuant to the agency's policy If the public purpose made pursuant to the agency's policy If the public purpose made pursuant to the agency's policy If the public purpose made pursuant to the agency If the public purpose made pursuant to the agency If the public purpose made pursuant to the agency If the public purpose made pursuant to the agency If the public purpose made pursuant to the agency If the public purpose made pursuant to the agency If the public purpose made pursuant to the agency If the public purpose made pursuant t	Staff	2	Per ticket policy 5.3	(k)	
Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income Income		Ticket(s)/		Identify one of the following	ng:_
C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Barbara Garcia Ticket Administrator 04/15/2019			I comment was a series	Total control of the	Income
4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Barbara Garcia Ticket (s)/ Pass (es) Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass (es) Describe the public purpose made pursuant to the agency's policy Ticket (s)/ Pass (es) Ticket Administrator 04/15/2019			Mark Street Control of the Control o		Income
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Ticket Administrator 04/15/2019	C. Name of Outside Organization (Include address and description)	Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Ticket Administrator 04/15/2019					
Flagura					
	FINANCE				

		Distributions		A Public Document
. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable	le)		1	For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			Amendment (Must pr	myide explanation in Part 3.1
Area Code/Phone Number E-mail	·			OVICE CADIGNATOR MY GIVEN
213-974-4111 bgarcia@bo	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information				58.00
Does the agency have a ticket policy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$	00.00
Event Description LA Phil		Date(s) 03	,16 ,2019	
Provide Title/Exp	olanation			
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi	Name of Sou	
Was ticket distribution made at the behest	······································		Name of Suc	
of agency official?	No 坚 Yes	If yes:	Official's Name (L	ast, First)
				
 Recipients Use Section A to identify the agency's department or 	runit. • Use Se	ection B to identify an individ	ual. • Use Section C to identi	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the following Other	ng:
		Ceremonial Role If checking "Ceremor	Other iial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
. Verification	d 19042 / 5-	radical that the F-Lit K-		
have read and understand FIPC Regulations 18944.1 an	nd 18942. <i>I have v</i> Ira Garcia			20 man - 20
			et Administrator	04/15/2019
Signature of Agency Head or Designee	Print Na	me	Title	(Month, Day, Year)
Comment:	a with the same			

ocicinoma Roic Events and Tic	Reul ass	Distributions		A Public Document	
1. Agency Name			Date Stamp	California 802	
County of Los Angeles				Form OUZ	
Division, Department, or Region (If Applicable	=)		2	For Official Use Only	
Board of Supervisor, First District			1		
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			- Amondment (16-14-		
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
213-974-4111 bgarcia@bos	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information			16	58.00	
Does the agency have a ticket policy?	Yes⊠ No		of Each Ticket/Pass \$	50.00	
Event Description LA Phil		Date(s) 03	, 22 , 2019		
Provide Mierexpi	anation	LA Phi	1	A	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of Sou	rce	
Was ticket distribution made at the behest	No⊠ Yes	T If year			
of agency official?	140 — 165	s⊑ If yes: L	Official's Name (L.	ast, First)	
3. Recipients					
Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an individu	ual. • Use Section C to identi	fy an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant (to the agency's policy	
Staff	2	Per ticket policy 5.3	(k)		
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:	
		Ceremonial Role If checking "Ceremon	Other island and the second of	Income	
		Ceremonial Role If checking "Ceremon.	Other I all Role" or "Other" describe below:	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant f	o the agency's policy	
. Verification					
I nave read and understand FPPC Regulations 18944.1 and				the requirements.	
L VIOLEN	a Garcia		t Administrator	04/15/2019	
Signature of Agency Head or Designee	Print Nan	ne	Tille	(Month, Day, Year)	
Comment:					

		Distributions		A Public Documen
. Agency Name County of Los Angeles			Date Stamp	California 802
Division, Department, or Region (If Applicable	}			For Official Use Only
			190	
Board of Supervisor, First District Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.go	ν	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information			1	68.00
Does the agency have a ticket policy?	Yes⊠ No		of Each Ticket/Pass \$	08.00
Event Description LA Phil		Date(s) 03	, 22 , 2019	
Provide Title/Expla	anation	LA Phi	1	
Ticket(s)/Pass(es) provided by agency?	Yes No	× If no: □	Name of So	urce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (I	_ast, First)
. Recipients				
Use Section A to identify the agency's department or a	unit. • Use Se	ction B to identify an individu	ual. • Use Section C to ident	tify an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff	2	Per ticket policy 5.3	(k)	•
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
	. 205(05)	Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremon.	Other Other Other describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
1				***
Varification have read and understand PPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance wit	h the requirements.
have read and understand PPC Regulations 18944.1 and	18942. I have ve a Garcia		orth above, is in accordance wit t Administrator	h the requirements. 04/15/2019

Ceremoniai Role Events an	id lickeurass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				romi
Division, Department, or Region (If A	Applicable)			For Official Use Only
Board of Supervisor, First District	The second secon			
Designated Agency Contact (Name, 7				
Barbara Garcia, Ticket Administrato	or		Amendment (Must prov	ride explanation in Part 3.)
Area Code/Phone Number E-ma	The same of the sa		Date of Original Filing:	
	cia@bos.lacounty.go	OV	Date of Original Filling.	(Month, Day, Year)
2. Function or Event Informatio		Face Value o	f Each Ticket/Pass \$	3.00
Does the agency have a ticket policy	/? Yes <mark>⊠ N</mark> o		23 2019	
Event Description LA Phil Provide	e Title/Explanation	Date(s) 03	W ²³ W ²⁰¹⁹	
Ticket(s)/Pass(es) provided by agen	cy? Yes□ No	If no: LA Phil		
F	_		Name of Source	e .
Was ticket distribution made at the bound of agency official?	ehest No Yes	If yes:	Official's Name (Las	st, First)
3. Recipients				
Use Section A to identify the agency's depa		ction B to identify an Individu	ual. • Use Section C to identify	an outside organization.
A. Name of Agency, Department or U	nit Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
	Number of			
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	J
		Ceremonial Role If checking "Ceremon	Other Other describe below:	Income
	,	Ceremonial Role If checking "Ceremon	Other Lial Rote" or "Other" describe below:	Income
Name of Outside Organization (include address and description	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
4. V ęrification		4Ik		
have read and uniterstand FPPC Regulations 1				
MAN	Barbara Garcia		et Administrator	04/15/2019
Signature of Agency Head or Designee	Print Nar	ne	Title	(Month, Day, Year)
Comment:				

Cere	monial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Ag	ency Name			Date Stamp	California 802
Cou	nty of Los Angeles				Form OUZ
	sion, Department, or Region (If Applicable)		-	For Official Use Only
Boa	rd of Supervisor, First District	Control of the second s		1	
	ignated Agency Contact (Name, Title)			4	
Barl	para Garcia, Ticket Administrator				
The Assessment	a Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
-	974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Fu	nction or Event Information				
Doe	s the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$ [1	68.00
_	nt Description LA Phil			23 2019	
Eve	nt Description LA Phili Provide Title/Explain	anation	Date(s) 03		
Tick	et(s)/Pass(es) provided by agency?	Yes□ No	⋉ If no: LA Phi	1	
	or(e), accept promise by agency.			Name of So	urce
000000000000000000000000000000000000000	sticket distribution made at the behest	No⊠ Yes	I If yes:	Officially Name (
	agency official?			Official's Name (L	ast, rirst)
	cipients				
-	e Section A to identify the agency's department or i	Number of	ction B to identify an individi	ual. • Use Section C to ident	ify an outside organization.
A.	Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staf	f	2	Per ticket policy 5.3	(k)	
В.	Name of Individual (Lest First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role	Other D	Income
1			Ceremonial Role	Other Initial Role" or "Other" describe below:	Income
C.	Name of Outside Organization	Number of			
	(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
1. Ver	ification				***
	read and understand FPPC Regulations 18944.1 and	18942. I have v	erified that the distribution set f	orth above, is in accordance wit	h the requirements.
(()	\sim 11/1 \sim 1	a Garcia		et Administrator	04/15/2019
<u></u>	Signature of Agency Head or Designee	Print Nat	me	Title	(Month, Day, Year)
Cor	nment:				

		Date Stamp	California 802
			TOIM SO
			For Official Use Only
		1	
			
		Amendment (Must)	provide explanation in Part 3.)
county.gc	ov.	Date of Original Filing:	(Month, Day, Year)
es No	Face Value	of Each Ticket/Pass \$	168.00
		,24 ,2019	
tion			
ac T No	× If no: LA Ph		
		Name of Se	ource
lo⊠ Yes	If yes:	Official's Nama	(Last First)
		Oniciai s ivame	(Last, Filst)
	ction B to identify an individ	lual. • Use Section C to ide	itify an outside organization.
Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy
2	Per ticket policy 5.3	(k)	
Number of			
Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Ceremonial Role	Other	Income
	If checking "Ceremo	nial Role" or "Other" describe below:	
-			F
			Income [
Number of Ticket(s)/	Describe the pu	blic purpose made pursuar	nt to the agency's policy
L 033(£2)			
		The second secon	
		AM NO	
		THE REAL PROPERTY OF THE PROPE	SOME SALVOOR SA
20.40.44	-3E-4H-1D	Chadh ab ann 200	
			04/15/2019
Oriet Man	ne	Title	(Month, Day, Year)
Print Nar			
	es No no No No Vesi t. • Use Sec Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Date(s) Date(s) Date(s) Date(s) If no: LA Ph If yes: It. • Use Section B to identify an individent of Ticket(s)/ Pass(es) Per ticket policy 5.3 Number of Ticket(s)/ Pass(es) Ceremonial Role If checking "Ceremonial Role If yes: Describe the pu Pass(es)	Pass(es) Solution Date(s) O3 24 2019

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				1 omi
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			Amendment (Must pro	Vide evalencia in Red 2.)
Area Code/Phone Number E-mail				vide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			16	8.00
Does the agency have a ticket policy?	Yes⊠ No	pro-recount	t Each Ticket/Pass \$ L	
Event Description LA Phil		Date(s) 03	, 24 , 2019	
Provide Title/Expla		I A Phi		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of Sour	ce
Was ticket distribution made at the behest	No⊠ Yes	If yes:		
of agency official?			Official's Name (La	st, First)
. Recipients				
Use Section A to identify the agency's department or a		ction B to identify an individu	al. • Use Section C to identif	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
Staff	2	Per ticket policy 5.3 ((k)	
	Number of			
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	J
		Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below:	Income 🔲
		Ceremonial Role	Other al Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant to	o the agency's policy
	Pass(es)			
. Verification				
I have read and understand APPC Regulations 18944.1 and		erified that the distribution set fo	orth above, is in accordance with	the requirements.
1112/20	a Garcia	Ticke	t Administrator	04/15/2019
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment:				

Ceremonial Role Events and Tic	KevPass	Distributions		A Public Document
Agency Name			Date Stamp	California 802
County of Los Angeles				TOTAL OCC
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)			,	
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information			1.0	
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	8.00
Event Description LA Phil		Date(s) 03	,27 ,2019	
Provide Title/Expla	anation	· ·		y v
Ticket(s)/Pass(es) provided by agency?	Yes□ No	✓ If no: LA Phil		
MATERIAL CONTROL OF THE STATE O	2 		Name of Sour	ce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	L If yes: L	Official's Name (La	est First)
			1	
Recipients Use Section A to identify the agency's department or a	ınit. • Use Se	ction B to identify an individu	al. • Use Section C to identif	v an outside organization
A. Name of Agency, Department or Unit	Number of Ticket(s)/	CARLES AND	lic purpose made pursuant to	The second second second
c. "	Pass(es)			
Staff	2	Per ticket policy 5.3 ((k)	
	,			
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:
		Ceremonial Role	Other _	Income
		If checking "Ceremoni	al Role" or "Other" describe below:	
		Ceremonial Role If checking "Ceremoni	Other U	Income
				The second secon
C. Name of Outside Organization	Number of Ticket(s)/	Describe the nubl	lic purpose made pursuant to	the agencyle nell-
(include address and description)	Pass(es)	Describe the publi	ne purpose made pursuam te	o the agency's policy
L			monthweet and the seasons of the seasons	
Verification				
nave read and understand FPPC Regulations 18944.1 and				
Signature of Agency Head or Designee			t Administrator	04/15/2019
Signature of Agency Read of Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment:		4		

_				Diotributione		A Public Document
1.	Agency Name				Date Stamp	California 802
	County of Los Angeles					Form OUZ
	Division, Department, or Regi	on (If Applicable	4	For Official Use Only		
	Board of Supervisor, First Dis]			
	Designated Agency Contact (Name, Title)				
	Barbara Garcia, Ticket Admin				Amendment (Must p	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail		Manager Process Construction and Construction of the Construction	7	
_	213-974-4111	bgarcia@bos	.lacounty.g	ov ————————————————————————————————————	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform				1	68.00
	Does the agency have a ticket	t policy?	Yes⊠ No	Face Value	of Each Ticket/Pass \$	
	Event Description LA Phil	Provide Title/Expl	anation	Date(s) 03	27 2019	
	Ticket(s)/Pass(es) provided by		Yes□ No	I A Ph		
	(0) 222(03) p. 01.200 0)	agonoy.	ies 140		Name of Sou	urce
	Was ticket distribution made a	t the behest	No⊠ Yes	☐ If yes: ☐		
	of agency official?				Official's Name (L	_ast, First)
3.	Recipients					
	Use Section A to identify the agency	's department or	unit. • Use Se	ction B to identify an individ	dual. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
	Staff		2	Per ticket policy 5.3	(k)	
				r er ticket policy 5.5	(K)	
						
	B. Name of Individua	ı	Number of Ticket(s)/		Identify one of the followi	ng:
			Pass(es)	Ceremonial Role	Other	Income 🔲
				If checking "Ceremo	niał Role" or "Other" describe below:	
				Ceremonial Role # checking "Ceremon	Other Unial Role" or "Other" describe below:	Income [
l	C. Name of Outside Organi		Number of Ticket(s)/	Donariha the	blic purpose made pursuant	4.44
	(include address and desc	ription)	Pass(es)	Describe the pur	one purpose made pursuant	to the agency's policy
						,
	Verification			III.		
1	I have read and understand FPPC Regula	ations 18 <u>944.1 and</u>	18942. I have ve	erified that the distribution set	forth above, is in accordance with	h the requirements.
(All Dull	Barbara	a Garcia	Ticke	et Administrator	04/15/2019
•	Signature of Agency Head or Designee		Print Nam	ne	Title	(Month, Day, Year)
	Comment:					
	Common.					

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document	
1. Agency Name			Date Stamp		
County of Los Angeles				California 802	
Division, Department, or Region (If Applicable	e)			For Official Use Only	
Board of Supervisor, First District	Board of Supervisor, First District				
Designated Agency Contact (Name, Title)					
Barbara Garcia, Ticket Administrator					
Area Code/Phone Number E-mail			Amendment (Must pro	vide explanation in Part 3.)	
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information			1,		
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	8.00	
Event Description LA Phil Provide Title/Expl	anation	Date(s) 03	, 28 , 2019		
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: LA Phil	Name of Sour	ce	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (La	st, First)	
. Recipients					
Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an individu	al. • Use Section C to identify	y an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	The first of the second section is a second	lic purpose made pursuant to	Clay Selection to the Control of the	
Staff	2	Per ticket policy 5.3 ((k)		
B. Name of Individual	Number of				
(Last First)	Ticket(s)/ Pass(es)		Identify one of the following	J.	
		Ceremonial Role If checking "Ceremonia	Other Other Other" describe below:	Income 🔲	
		Ceremonial Role [Other Interpretation of the Interpretation o	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy	
Verification ∧					
I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set for	rth above, is in accordance with t	he requirements.	
Barbara			Administrator	04/15/2019	
Signature of Agency Head or Designee	Print Nam	ne L	Title	(Month, Day, Year)	
Comment:					

Agency Report of: Ceremonial Role Events and Tick	ket/Pass	s Distributions		A Public Document	
Agency Name County of Los Angeles			Date Stamp	California 802	
Division, Department, or Region (If Applicable, Board of Supervisor, First District)			For Official Use Only	
Barbara Garcia, Ticket Administrator	Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail bgarcia@bos.	lacounty.g	ov	Amendment (Must pro	(Month, Day, Year)	
Event Description LA Phil Provide Title/Expla		Date(s) 03	f Each Ticket/Pass \$ 2019		
B. Recipients • Use Section A to identify the agency's department or u	nit. • Use Se	ection B to identify an individu	al. • Use Section C to identif	y an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy	
Staff	2	Per ticket policy 5.3 (k)		
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:	
		Ceremonial Role If checking "Ceremonia	Other In the state of the state	Income	
		Ceremonial Role L	Other Other Describe below:	Income [
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy	
. Verification I have lead and understand IPPC Regulations 18944.1 and 1 Barbara Signature of Agency Head or Designee Comment:		Ticket	th above, is in accordance with to Administrator Title	he requirements. 04/15/2019 (Month, Day, Year)	

eremonial Role Events and Tid	ket/Pass	Distributions		A Public Docume
Agency Name			Date Stamp	California 80
County of Los Angeles				Form For Official Use Only
Division, Department, or Region (If Applicable	(e)			
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)]	
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
213-974-4111 bgarcia@bo	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
Function or Event Information		The state of the s		
Does the agency have a ticket policy?	Yes No	Face Value o	of Each Ticket/Pass \$	9.00
Event Description LA Phil		Date(s) 03	,30 ,2019	
Provide Title/Exp	lanation			/\N
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi		
	100 March 100 Ma		Name of Sou	rce
Was ticket distribution made at the behest	No⊠ Yes	If yes:		
of agency official?		2	Official's Name (L	ast, First)
Recipients	Section States Control			
Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff		Particket policy 5.2 (k)		
Stan	2	Per ticket policy 5.3	(K)	
	J. North			
B. Name of Individual	Number of Ticket(s)/	Identify one of the following:		
A CONTRACT OF A	Pass(es)			
		Ceremonial Role If checking "Ceremoni	Other Delay Other Other Delay:	Income
			T F1	
		Ceremonial Role	☐ Other ☐ al Role" or "Other" describe below:	Income
		in onesaming continuous	arrole of other describe below.	
Name of Outside Organization	Number of	Dogariha tha		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(include address and description)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
			The state of the s	The second secon
/erification		JII.		
have read and understand FPPC Regulations 18944.1 and	i 18942. I have ve	erified that the distribution set fo	rth above, is in accordance with	the requirements
	a Garcia		t Administrator	04/15/2019
Signature of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)
			1110	(WURLIN, Day, Year)
Comment:			Security and Commission of the	

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
. Agency Name			Date Stamp	California 802
County of Los Angeles				Tollii
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)			1	
Barbara Garcia, Ticket Administrator				1
Area Code/Phone Number E-mail		- Control of the Cont	Amendment (Must pr	ovide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information			oc	9.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	7.00
Event Description LA Phil		Date(s) 03	,31 ,2019	
Provide Title/Expl	anation			
Ticket(s)/Pass(es) provided by agency?	Yes No	✓ If no: LA Phi	Name of Sou	roo
Was ticket distribution made at the behest	No⊠ Yes	n .	Name of Sou	
of agency official?	No Yes	If yes:	Official's Name (La	ast, First)
Recipients				
Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individu	ıal. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
	Number of			
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	ig:
		Ceremonial Role If checking "Ceremoni	Other describe below:	income
,		Ceremonial Role	Other Usa Other State Delow:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Verification	19043 11	odfod that the dietal are	46-16-16	
I have read and understand IPPC Regulations 18944.1 and	18942. I nave vi a Garcia			
Signature of Agency Head or Designee	Print Nan		t Administrator	04/15/2019
a.g. and a regard round of benighte	rint ivan		Title	(Month, Day, Year)
Comment:	***************************************			

Totalia indicate and indicate and indicate	mour acc	Diotributiono		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			Companded at the compand	
Area Code/Phone Number E-mail		And the second s	Amendment (Must pro	ivide explanation in Part 3.)
213-974-4111 bgarcia@bos	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			1,6	8.00
Does the agency have a ticket policy?	Yes No	Face Value o	of Each Ticket/Pass \$	8.00
Event Description LA Phil		Date(s) 03	,31 ,2019	
Provide Title/Exp	lanation	LA Phi	I	The same and the s
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phil	Name of Sour	
Was ticket distribution made at the behest			Name of Sour	CC.
of agency official?	No⊠ Yes	If yes:	Official's Name (La	st, First)
3. Recipients				
Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an individu	ual. • Use Section C to identify	v an outside organization
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	A Property of the New York	lic purpose made pursuant to	The second of the second
Staff	2	Per ticket policy 5.3 ((L)	100 CM - 1 C
		rei ticket policy 5.3 ((N)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:
		Ceremonial Role If checking "Ceremoni	Other Other Other" describe below:	Income 🔲
			-	
		Ceremonial Role If checking "Ceremoni	Other All Role" or "Other" describe below:	Income [
C. Name of Outside Organization	Number of .			
(include address and description)	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	the agency's policy
Verification	(400.40			
have read and understand FPPC Regulations 18944.1 and	i 18942. I have ve a Garcia	1 1		
Signature of Agency Head or Designee	a GaiCia Print Nan		t Administrator	04/15/2019
System of regularity and of Designee	Pnnt Nan	ie.	Title	(Month, Day, Year)
Comment:				